

A Regular Meeting of the Durham County Board of Health, held November 12, 2009 with the following members present:

William H. Burch, R.Ph, Sue McLaurin, M.Ed., PT, James Miller, DVM, Ronald Spain, DDS, Commissioner Brenda Howerton, Sandra Peele, RN, and William T. Small, MSPH.

Absent: Michael L. Case, John T. Daniel, Jr., MD and Nicholas Tise, MPH.

CALL TO ORDER. Mr. William Burch called the meeting to order with a quorum.

REVISIONS TO THE AGENDA.

Expiring Board Members' Terms

The following appointments will expire on December 31, 2009 (*Sue McLaurin, Nicholas Tise, John T. Daniels and Michael Case*). The applications for re-appointment were submitted to the Clerk to the Board of County Commissioners.

Appointment of Nominating Committee

The Chairman appointed Ronald Spain, James Miller and Sandra Peele to serve on the nomination committee.

The Chair of the Nominating Committee will present its recommendations for Chair and Vice Chair to the Board at the meeting on January 14, 2010.

APPROVAL OF MINUTES. The following revision was made to the September 10, 2009 minutes. *"It is not necessary to update the Board of Health on the routine operations of the health department at each meeting."*

Ms. Sue McLaurin made a motion to approve the September 10, 2009 minutes with the above revision. Commissioner Brenda Howerton seconded the motion and the motion was approved.

RATIFY BUDGET AMENDMENTS. The Health Director recommended formal approval of the following amendment.

- a. Recognize \$100,000 in grant funds allocated by the NC Department of Health and Human Services, Division of Epidemiology/Public Health Preparedness and Response for planning for H1N1 influenza activities and increased surveillance for this disease. The Health Department will have responsibility for educating the public about the need for immunizations, monitoring availability of vaccine, educating and notifying providers (physicians, clinics, etc.) about any changes in guidance about target groups, documentation, or side effects. The Health Department will distribute some of the vaccine to smaller providers, and will have a significant quantity to be administered by the agency.
- b. Recognize \$1,000.00 in grant funds allocated by the NC Department of Health and Human Services for the Nutrition Division to support implementation of the diabetes self-management education program. The Nutrition Division is working closely with the NC Diabetes Education Recognition Program to become a recognized provider of the American Diabetes Association Diabetes Self-Management Education Program.
- c. Recognize \$7,000 in grant funds allocated by the NC Department of Health and Human Services, Division of Public Health. Funds will be used to purchase immunization related equipment such as an additional refrigerator and a monitoring

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system to be utilized for the storage of additional vaccines, specifically H1N1.

- d. Recognize \$525,013 in grant funds allocated by the Department of Health and Human Services, Division of Public Health for implementation of H1N1 influenza vaccination activities and increased surveillance for this disease. The Health Department will have responsibility for managing vaccines distributed to the agency, including providing vaccine to small physician practices and holding vaccination clinics for the public. The agency will increase surveillance to providers in order to remain informed of both influenza incidence and vaccine distribution in the community. The agency will also continue to distribute and broadcast messages to the community regarding influenza prevention and vaccine availability information. Supplemental staff will be used as vaccinators, clerical/data entry, interpreters, crowd control and security. Expected duration will be 3-4 months.

Mr. William Small made a motion to approve the budget ratifications. Mr. Ronald Spain seconded the motion and the motion was approved.

BUDGET AMENDMENT APPROVALS. The Health Director recommended formal approval of the following amendments.

- a. Durham County Health Department requests approval of Budget Ordinance No. 10BCC000039 to recognize \$18,594.00 in Aid-to-County funds to be used to offset the cost of conducting in-school influenza vaccine clinics for seasonal flu. These clinics offered seasonal Flu-Mist vaccine to all fifth graders in Durham Public Schools. Guidance contained in the notification indicates that 5% (\$928.74) must be distributed to the school system participating. Guidance also encourages part of the funds to be used to create or maintain jobs for the duration of the project. To comply with this, the Health Department contracted for three Registered Nurses, a Spanish Interpreter and one Clerical support person. These clinics took place in October. (The expectation was that it would take place before H1N1 activities started and that any use of county funds would be replaced by this stimulus grant).
- b. The Health Department requests approval of Budget Ordinance Amendment No. 10BCC000040 for one-time Temporary Aid to Needy Families (TANF) Out-of-Wedlock Funds in the amount of \$33,328 for Family Planning Initiative. Funds will be used as follows:
 - \$18,000 will be used to purchase Pap Smear Supplies and to pay for processing of Pap Smears in Family Planning Clinic.
 - \$2,000 will be used to support language line services for people for whom English (and often Spanish) is not their first language.
 - \$10,000 will be used for client incentives in the TEAS project to prevent teenage pregnancies.
 - \$3,328 will be used for other supplies to support the TEAS project.
- c. The Board of Health requests approval of a Budget Ordinance Amendment No. 10BCC000041 to recognize \$20,000 from the NC Department of Health and Human Services for the Diabetes Today – Project REACH Initiative. Project REACH is a collaborative effort between Durham and Person Counties for those at-risk or diagnosed with diabetes, targeting those

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most in need and located in the underserved areas of both counties. Funds will be used for a part-time dietician in both Durham and Person Counties to conduct the Diabetes Self-Management Program.

- d. The Health Department requests approval of Budget Ordinance Amendment No. 10BCC000042 to recognize \$8,029.50 in grant funds from the Tobacco Control and Prevention Branch, Chronic Disease and Injury Section, division of Public Health, NCDHHS. The Health Department will use part of the money to pay stipend for a Student Intern from one of the local Universities to assist with the implementation of the new law. The remaining part of the money will be used to cover operating expense.

Commissioner Brenda Howerton made a motion to approve the budget amendments. Ms. Sandra Peele seconded the motion and the motion was approved.

H1N1 STATUS UPDATE (*Sue Guptill*):

Surveillance, Strategic National Stockpile Incidence: (*Through 10/31*)

United States:

- Visits to doctors for influenza-like illness (ILI) nationally decreased very slightly this week over last week after four consecutive weeks of sharp increases. While ILI declined slightly, visits to doctors for influenza-like illness remain at much higher levels than what is expected for this time of the year and parts of the country continue to see sharp increases in activity. It's possible that nationwide ILI could rise again. ILI continues to be higher than what is seen during the peak of most regular flu seasons.
- Total influenza hospitalization rates for laboratory-confirmed flu are climbing and are higher than expected for this time of year. Hospitalization rates continue to be highest in younger populations with the highest hospitalization rate reported in children 0-4 years old.
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report continues to increase and has been higher for five weeks now than what is expected at this time of year. In addition, 18 flu-related pediatric deaths were reported this week; 15 of these deaths were confirmed 2009 H1N1, and three were influenza A viruses, but were not subtyped. Since April 2009, CDC has received reports of 129 laboratory-confirmed pediatric 2009 H1N1 deaths and another 15 pediatric deaths that were laboratory confirmed as influenza, but where the flu virus subtype was not determined.
- Forty-eight states are reporting widespread influenza activity at this time; a decline of one state over last week. They are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. This many reports of widespread activity at this time of year are unprecedented during seasonal flu.
- Almost all of the influenza viruses identified so far continue to be 2009 H1N1 influenza A viruses. These viruses remain similar to

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the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception

NC Region 4:

For the week ending November 7, 2009, emergency department visits due to ILI continue to decrease in PHRST region 4. This is consistent with a decrease in influenza activity from statewide surveillance data from participating hospital emergency departments. Although statewide sentinel site data show a trend of decreasing influenza activity, PHRST region 4 data indicates an increase in percentage of ILI visits to sentinel providers from 3.81% during week 43 to 5.62% during week 44. Both Statewide and PHRST region 4 ED ILI admissions continue to increase from 6.28% during week 43 to 7.39% during week 44 and from 9.65% during week 43 to 11.23 % during week 44, respectively. The level of influenza activity in North Carolina still remained widespread. There were 35 total deaths due to ILI reported in NC since 9/27/09 and 2 new deaths from 11/01/09 to 11/07/09.

Durham:

Hospital admissions since April: 81. 65 of these were in September and October.

22 were less than 16

5 were pregnant

1 death

Strategic National Stockpile (SNS) delivery:

An SNS shipment of N-95 Respirators was scheduled to arrive at the Durham County Jail at 3:15 PM on 10-29-09. Sue Guptill, Robert Brown, Pam Weaver and Marc Meyer were present to receive the shipment. The delivery truck had not left its previous Raleigh delivery location by 6:15 PM so the delivery was rescheduled and received by Robert Brown at 8:40 on 10-30-09. A total of eight pallets containing large/medium, medium and small masks were received. Two pallets were earmarked for Duke Hospital (12,050 assorted respirators), two pallets for Durham Regional Hospital (12,050 assorted respirators), one pallet for the VA Hospital (7,030 assorted respirators) and three pallets for the Durham County Health Department (20,070 assorted respirators). Forty percent of the Health Department allocation will be passed to Durham EMS, forty percent to local providers and twenty percent to be retained for Health Department needs.

Mass Vaccination Clinics - DCHD:

The health department received their first shipment of mist vaccine on October 5, 2009. For the next two weeks we distributed mist vaccine on Mondays, Wednesdays and Fridays to the targeted population. On October 12 we began distributing the injectable vaccine to the targeted population. Over the next few weeks we received a variety of vaccine in different amounts. The health department has distributed H1N1 vaccine to other medical facilities as needed.

The following H1N1 flu clinics were held in the community:

- October 19 and 21 - elementary school children at the Hillandale Staff Development Center on. The flu clinics were also opened to charter and private schools. Over twelve hundred and fifty doses were distributed (**1250**).
- October 29, 2009 we offered vaccine to City and County health care workers and first responders.
- October 30, 2009 - children 6months to three year old, and caretakers of children less than 6months.
- November 4, 2009 - Health Department
- November 11, 2009 - National Guard Armory

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The health department has distributed a total of 3136 (*October*) and 2500 (*November*) of H1N1 flu vaccine to the community.

DURHAM CONNECTS UPDATE: (*Sue Guptill/Robert Murphy*)

What is Durham Connects

- A focused, manualized, universal in-home nurse visit program for parents of newborns in who reside in Durham County.
- Partnership of Durham County Health Department, Center for Child & Family Policy, Center for Child & Family Health with funding from The Duke Endowment.
- Currently serves babies born on EVEN days. Goal to scale up to all county births in 2011 following completion of RCT
- Durham Connects links families with existing resources, identifies gaps and attempts to fill them.
- Purpose is to celebrate, support, connect and follow-up.
- Mission is to maximize child and family well-being

How it Works

- Connect with every newborn family
 - Extension of hospital services & standard for birth process in Durham County.
 - DC reps meet eligible parents in the hospital.
 - 1-3 post-birth home visits at ~4-12 weeks of age.
 - Post-visit connection by phone one month after last visit.
 - DC serves families regardless of income or status.
 - Spanish speakers assigned to Spanish speaking nurse in almost all cases. Interpreter also available.
- Families connect with community resources
 - Pediatrician & mother's physician
 - Individualized connections with community agencies
- So that families can connect with their babies

Elements of the Visit

- Health check of mother and baby
- Informal interview to discuss new parent issues in 4 areas (12 domains)
 - Parenting readiness
 - Childcare
 - Maternal Child Health
 - Financial stability
- Screeners for depression, DV and substance use.
- Resolve issues on the spot or make connections for areas of concern.
- Convey information to ped./fam. physician/OB.

Durham Connects Outcomes

- Trial enrollment period: July 2009 through December 2010
- Randomly assign families by even-odd date of birth
- Obtain administrative records over time for all births for:
 - Maltreatment allegations and substantiations
 - Hospital injuries for maltreatment-related diagnoses
 - Pediatric health-care compliance
- “Intent-to-treat” evaluation compares rates without regard to actual receipt of program
- Use birth records to randomly select one birth every day
 - July 2009 through December 2010 yields 549 families
- Approach families to participate in study for compensation
 - Expect 75% participation
 - Replace with same ethnicity until success
- Complete in-home interview and assessment
 - Assess four domains of functioning
 - Assess community resource utilization
 - With permission, match to Durham *Connects* records
- “Intent-to-treat” evaluation

- Also evaluate intervention impact on those treated

IMPLEMENTING HB-2: NC SMOKEFREE RESTAURANTS & BARS LAW: *(Robert Brown/Tekola Fisseha)*

House Bill 2, *An Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment*, passed in 2008-2009 and was signed by the Governor on May 19, 2009. Comprehensive information about this new law can be found at: www.smokefree.nc.gov. Effective January 2, 2010, local governments will have expanded authority to regulate smoking in public places. They will retain the authority to regulate smoking in local government buildings and local vehicles. They will have expanded authority to regulate smoking (1) on local government grounds and (2) in public places. A local law may not change the state law to allow smoking in restaurants, bars and lodging establishments where smoking is prohibited under the state law, but it could prohibit smoking in more places. Local governments are granted the authority to regulate all unenclosed areas owned, leased, or occupied by the local government. Previously, local governments were only allowed to regulate smoking on the grounds of buildings housing local health departments or departments of social services. With this change, for example, a city may be able to regulate smoking in the outdoor area surrounding city hall or a county may be able to prohibit smoking in a county-owned park. The new authority to regulate smoking in public places is more complex. The term "public place" is defined as an enclosed area to which the public is invited or in which the public is permitted. Beginning January 2, 2010, smoking is prohibited in many more public places in North Carolina. Under the new law, enclosed areas of almost all bars and restaurants must be smoke-free. Smoking is also not allowed in most enclosed areas of lodging establishments, such as hotels, motels, and inns, if the establishment prepares and serves food or drink. A lodging establishment may designate no more than 20% of its guest rooms as smoking. The new law does not apply to cigar bars (meeting specific criteria) that are open only to people over the age of 21. The new law will require that a person who manages, operates, or controls a restaurant or bar in which smoking is prohibited shall:

(1) Conspicuously post signs clearly stating that smoking is prohibited. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.

(2) Remove all indoor ashtrays and other smoking receptacles.

(3) Direct a person who is smoking to extinguish the lighted tobacco product.

If a citizen observes a possible violation, they should notify the owner or manager of the establishment. They are responsible for compliance and are required to direct a person who is smoking to extinguish the lighted tobacco product.

Local Health Departments are statutorily responsible for implementation of the rule. Enforcement tools include:

1) If a person in charge of a restaurant, bar or lodging establishment does not comply with the new law, the local health director may impose a fine of up to \$200 per violation. The health director must provide two written warnings before imposing such a fine. The person may not be charged with a misdemeanor. G.S. 130A-22(h1); 130A-497.

2) If a smoker refuses to extinguish a lighted product after receiving oral or written notice from the person in charge of the venue, the smoker can be issued an infraction and fined up to \$50.

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A law enforcement official would need to issue the infraction. The smoker may not be charged with a misdemeanor. G.S. 130A-497.

3) A state or local public health official could also go to court and ask the judge to order a noncompliant smoker or venue to comply with the law (i.e., issue an injunction). G.S. 130A-18.

The North Carolina Tobacco Prevention and Control Branch (TPCB), Division of Public Health, is providing a total of \$240,000 in funding to aid local health departments in their implementation of North Carolina's new smoke-free restaurant and bar law. This funding is made possible through TPCB by a grant from the North Carolina Health and Wellness Trust Fund (HWTF). Durham has been granted \$6,517 for Education and Implementation and \$1,512 for restaurant and bar coasters to distribute to eligible facilities.

The DCHD Health Education and Environmental Health Divisions will utilize Education and Implementation funds to educate Health Department staff, local restaurant owners and staff, and Durham County residents about the implementation of House Bill 2.

DCHD will develop an Employee Reference Sheet for restaurant owners, managers and employees. These will be distributed, along with the educational coasters, by Environmental Health and Health Education staff during routine inspections and educational visits to restaurants, bars and lodging establishments. In addition, DCHD will retain a graduate student intern to assist with a total of 10 presentations to at least 300 Durham residents about the enactment of House Bill 2. The intern will be paid a stipend.

Public Health will utilize a multifaceted media campaign to educate the public about the new law. Through Radio One Raleigh, DCHD will place internet and/or on air ads on the Triangle's leading Gospel, R&B and Classic Soul, and Hip Hop and R&B radio stations. In addition, DCHD will place ads in local newspapers to prepare the public for implementation of the new law.

FALLS LAKE NUTRIENT STRATEGY LEGISLATURE: *(Robert Brown/Robert Jordan)*

Session Law 2009-486 Senate Bill 1020) was signed into law on August 26, 2009 in response to impaired water quality in Falls Lake. Nitrogen and phosphorous levels measured in the lake have resulted in state legislation requiring that these nutrient levels be reduced. Stakeholder meetings are being held and strategies are currently being drafted to accomplish this goal.

Environmental Health staff has been substantially involved in this process, participating in NC Division of Water Quality (DWQ) Stakeholder Meetings, strategy planning by On-Site Water Protection (OSWP), as well as in Durham County and Durham City/County group meetings. Environmental Health participation is primarily focused on the impact of septic systems on nutrient inputs into the watershed. Due to the time constraints of this legislation, all stakeholder meetings are to be completed by December 2009 and draft rules are to be submitted to the NC Environmental Management Commission (EMC) by March of 2010. These rules will require immediate implementation while legislative review continues. The final version is expected to be in place by January 15, 2011. Further legislative modifications are expected beyond this date. For approximately the last six weeks Environmental Health has devoted approximately two full time equivalents (FTEs) this process. The Durham County Board of Commissioners and the Durham County Managers office have requested from Environmental Health detailed data and staff analysis of options to arrive at a County response to this legislative requirement. Several mandatory meetings per month have been scheduled through the end of 2010 to review and refine the draft rules and the Durham response.

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Other City and County Departments with large roles in this process include County Engineering, County Soil and Water Conservation, City Public Works and City Water Management.

HUMAN SERVICES COMPLEX UPDATE: *(Marcia Robinson)*

- Parking Lot – The parking lot has been completed including the landscaping and lighting.
- Furniture – A committee of health department and other county staff has been selected to work with the Freelon Group in selecting furniture for the new building. On the week of December 7, 2009 a mockup of the available furniture will be presented to the committee. Then the committee will decide on the final chooses of furniture for the new building.
- Basement Flooding – Due to the construction of the new building the health department is experiencing some flooding in the basement area.
- Temporary Signage – The Freelon Group will develop some temporary signage outside to inform the community on health department location and parking.
- BOCC Update – Glen Whisler and Phil Freelon presented a Human Services update at the November 2, 2009 Board of County Commissioners meeting. The meeting also served to get the BOCC input and approval on the signage for the front of the new Human Services Building. The signage will be a combination of the vision and mission of the three services and the mission statement of the County. *”Durham’s vitality is built upon the health of our residents and the capacity of our community to foster and enhance the well-being of every citizen”*. The BOCC also voted on the name of the building *“Durham County Human Services”*.

NACO PRESCRIPTION DRUG PROGRAM: *(Gayle Harris)*

The National Association of Counties (NACo) Prescription Drug Discount Card program was designed for county residents. This discount card program helps consumers cope with the high price of prescription drugs. Through a partnership with CVS Caremark, the program allows the participating counties to provide free cards for consumers who have no prescription drug insurance or need certain medications that are not covered by their insurance. Currently, 67 counties in North Carolina participate in the program. Best of all, there is no costs to Durham County or taxpayers to participate. Health Department staff will oversee the dissemination of the cards. For more information visit www.naco.org.

HEALTH DIRECTOR’S COMMENTS – September - October 2009

Division/Program: Nutrition/ DINE for LIFE Program

Brief Program Description:

“Family Fun with Food” was an evening nutrition and basic culinary workshop series for students at Lakewood Elementary School and their parents. Program goals were:

- To increase the number of meals eaten together as a family at home.
- To decrease the consumption of saturated and trans fats.
- To increase the consumption of fruits and vegetables.

Issues/Barriers/Challenges/Opportunities:

- Space limitations and labor intensity limited the class series to only 10 families, but many more interested families were put on a wait list.
- Six of seven families graduated from the program and all but one family attended at least 3 of the 4 classes.
- Class targeted parents who wanted to learn basic cooking skills but class participants knew how to cook and often ate together for most meals, requiring curriculum and meal preparation adjustments that focused on the nutrition aspects.
- Participating families were at the “readiness/action” stage of change and were ready to make the nutrition changes that were recommended.
- Amount of work/labor/resources, including food costs, required to set-up a “kitchen” within a classroom and complete up-front meal preparation/transport for 40 people was a big challenge.

Implications:

All participants reported positive behavior changes:

- Increase in fruit and vegetable consumption
- Decrease in saturated and trans fat consumption
- Healthier fat substituted for lard used to make tortillas
- 50% improvement in nutrition knowledge based on pre/post tests
- 100% self-reported learning something new and making new changes
 - We learned how decreasing the fat in foods we eat still makes it taste good!
 - Using oil and no butter
 - Healthier options for tasty meals
 - Chicken with vegetables and colored beans (black beans)
 - How to cook healthier; use less fat (x3)
 - I cook in my house with less fat and eat more fruits and vegetables.
 - I cook with less fat and use olive oil
 - We eat more vegetables
 - We are using salt free products
 - Keep classes going

Next Steps/Mitigation Strategies:

- Perform a cost/benefit analysis of this program versus other nutrition programming that uses fewer resources to see which has the greatest “bang for the buck.”
- Discuss as a team ways to continue these classes so that they do not use as much staff time and resources.

Division/Program: Nutrition Division/ Diabetes Self Management Training Program

Brief program description/statement of goals:

Durham County Health Department is participating in Cohort III of the North Carolina Diabetes Education Recognition Program. The North Carolina Division of Public Health serves as the “umbrella” recognized program with the American Diabetes Association to provide diabetes self management training (DSMT).

Program goals are:

- To provide direct, reimbursable DSMT services in a health department setting.

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- To have improved control of their diabetes through use of self management skills that focus on correct medication use, healthy diets, appropriate physical activity, stress management, and self blood glucose monitoring.

Issues/Barriers/Challenges/Opportunities:

- First series of DSMT classes is a result of a unique collaboration between the Health Department Nutrition Division, Durham County Government Human Resources, and the County's Employee Wellness Center.
- At least 30% of county employees are diabetic or have pre-diabetes (impaired fasting glucose levels).
- Limited part-time staff in the Wellness Center and the Health's Department's participation in Cohort III provided the opportunity to offer DSMT to County employees.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- The first series of DSMT classes began in October. A second series will begin in November or December.
- The DSMT program involves 10 hours of self management training including an individual assessment, 8 hours of self management training classes and a follow-up session 3 months after the last class.
- Staff nutritionists (Registered Dietitians and North Carolina Licensed Dietitian/Nutritionists) provide program instruction and oversight and qualify to bill for DSMT services as well as Medical Nutrition Therapy services.
- Required outcomes include changes in HgbA1c (an overall measure of blood sugar control) and percent of participants conducting daily foot exams.
- Additional outcomes collected are changes in weight and BMI and behavior changes related to healthy food choices and physical activity.

Next Steps/Mitigation Strategies:

- Complete the required six month data collection phase to become eligible for application to the American Diabetes Association.
- Submit application to become a recognized DSMT program under the American Diabetes Association in the spring of 2010.
- Bill Medicare Part B and Medicaid, for DSMT services when ADA recognition obtained.
- Explore achieving provider status through private insurance carriers.

Division/Program: Health Education/Grant Funded Programs - Non-Traditional Test Site (NTS) and Health Education Risk Reduction (HERR)

Brief program description/statement of goals:

Non Traditional Test Site (NTS) and Health Education Risk Reduction (HERR) are grant funded programs in the Health Education Division.

- Total amount of funding is \$190,000 per year
- Two full time educators provide testing and educational information

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The programs goals are:

- NTS – to provide syphilis testing and education in non-clinical community sites

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- HERR – to provide health education information on HIV risk reduction using methods that are proven to be effective by the Centers for Disease Control and Prevention.

Issues/Barriers/Challenges/Opportunities:

- Drastic funding reductions for NTS and HERR predicted in FY 2011
- Programs encouraged to seek other funding

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Reduction or total elimination of NTS and HERR programs limiting the department's syphilis and HIV prevention outreach efforts to high risk populations
- Elimination of 2 fulltime positions

Next Steps/Mitigation Strategies:

- Search for support of the programs through other funding opportunities (local, state, federal and philanthropic)

Division/Program: General Health Services Division / Tuberculosis and Communicable Disease Control Programs

Brief program description/statement of goals:

- **To eliminate tuberculosis disease by reducing the number of new cases of TB and controlling the spread of TB into the general public**
- To provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases

Issues/Barriers/Challenges/Opportunities:

- Health Law Violator with an outstanding warrant for failure to comply with control measures.
- Contact investigation on a jobsite with over 80 employees exposed to a patient with infectious TB
- Contact investigation at a local high school with over 100 students exposed.
- Completion of outbreak investigation of Salmonella in children at Bright Horizons daycare in RTP
- Challenge of timely investigation and reporting of communicable diseases through the NC Electronic Disease Surveillance System (NCEDSS)

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Possible incarceration of Health Law Violator
- The TB clinic will provide TB testing of 30-40 contacts from jobsite exposure and 10-20 chest x-rays of employees with (+) TB skin test
- Staffing will be needed for the second round of TB testing at a local high school is scheduled for November 12th

Next Steps/Mitigation Strategies:

- Verify with warrant control when Health Law Violator has been arrested. Follow up with county attorney and district attorney for future court dates. Ensure client is placed in respiratory isolation when arrested.
- Arrange appointment day and time for all employees from jobsite exposure to receive TB testing, evaluations, and chest x-ray referrals. Provide adequate clinical and clerical support.

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- Complete TB testing of contacts at local high school. Remind staff from last testing of repeat testing date and time. Remind school administration of repeat TB testing and date.
- Close investigation of Salmonella outbreak at daycare center Bright Horizons in RTP.
- Devise strategy to become current with data entry in NCEDSS.

Division/Program: Dental Division

Brief program description/statement of goals:

The Dental Division strives to improve the oral health of economically disadvantaged children as well as provide oral health education to the community in Durham County.

Goals are:

- To provide dental services for children 3 to 20 years of age in the dental clinic and K and 5th grades at selected Durham Public Schools using the dental van.
- To conduct annual screenings in target elementary grades at Durham public Schools and Head Start at Operation Break Through, Inc. and provide educational presentations for schools and some community organizations as time in the clinic permits.

Issues/Barriers/Challenges/Opportunities:

- Majority of population served does not have the financial resources to pay for services rendered and are without insurance (19% covered by Medicaid).
- Program competes with private dental offices for the patients that have Medicaid and Health Choice.
- Elimination of Medicaid reimbursement for sealants on premolars effective November 1 will impact revenues.
- Dental Program selected as one of ten community dental practices in North Carolina to participate in NCBCBS Foundation's Oral Health Capacity-Building Project. Beginning in January 2010, the program will receive on-site and off-site practice management consulting services working with DentaQuest Institute, Inc. The services provided will include:
 - A written assessment of the practice environment and a practice enhancement plan which will include business and action plans to improve financial sustainability.
 - Remote consultation with key dental, billing and operations staff to assist in execution of action plan, develop and review materials, policies and procedures, clinical protocols and other services as needed.
 - Provide active oversight of the implementation phase of the assessment process through monthly Implementation Progress Report.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Elimination of reimbursement for preventive dental services will reduce revenues received.
- Opportunity to participate in NC BCBS Foundation's project will provide program enhancements.

Next Steps/Mitigation Strategies:

- Develop methods of recruiting Medicaid patients who are not accessing dental services.

- Participate in NCBCBS Foundation's Oral Health Capacity-Building Project.

Division/Program: Community Health Division/School Health Vaccination Program

Brief program description/statement of goals:

The School Health Program provides nursing services to students and families enrolled in fifty-one (51) Durham Public Schools (DPS), school faculty and staff, administrators, and the larger community.

The primary goal of the program is to develop, establish, and maintain a comprehensive School Health Program by utilizing the nursing process through a collaborative effort with educators and health personnel by establishing:

- Strong relationships with school students, faculty, and staff
- Close collaborations with partners and
- Offering programs that meet the individual needs of individual schools

Issues/Barriers/Challenges/Opportunities:

- Dtap (Diphtheria-Pertussis) vaccination clinics were completed in September. Sixth grade students who had not received the required Dtap booster were able to receive it at school with their parent's permission.
- Program participated in the American Recovery and Reinvestment (ARRA) project to conduct in-school seasonal flu mist vaccination clinics in October. Five hundred fifth grade students enrolled in Durham Public Schools participated in this initiative.

Opportunities and benefits to holding the school aged clinics (Seasonal and Dtap) included:

- Efforts provided needed vaccinations to children
- Efforts served as a "template" for the H1N1 clinics

Challenges to holding the elementary school aged clinics (Seasonal and Dtap) included:

- Limiting potential of disruption to educational activities
- Securing and training adequate staff to prepare for and to conduct the clinics
- Developing site-specific considerations required for each school
- Handling and transporting the vaccine to many locations required considerable planning, equipment, and training

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Recruitment of additional staff (medical and non medical) is necessary because the implementation of clinics required staffing capacity that exceeded the available staff in the health department
- Spanish language communications are necessary to provide accurate information to non-English speaking parents/families/caregivers
- Clinic promotion and education contributes to the success of the vaccination clinics

Next Steps/Mitigation Strategies:

- Participate in the planning and implementation of mass H1N1 vaccination clinics throughout November and December 2009.

Division/Program: Community Health Division/School Health Child and Family Support Team (CFST) Program

Brief program description/statement of goals:

Seven PHN II's are employed in the state-funded Child and Family Support Team project. The funding allotment (\$438,026) comes directly to Durham Public Schools, who in turn contracts with the Health Department for staff. Each of the nurses is assigned full-time to one school, and works with a social worker to form a team. In previous years, 3 of these nurses were employed for 12 months, and 4 for 10 months; having 12-month staff allowed continuity for students over the summer

Program goal:

- To provide case management and other services to students at high risk of academic failure or out of home placement.

Issues/Barriers/Challenges/Opportunities:

- Delayed confirmation of funding this year due to the state budget process.
- County funding for positions through August 31, with the expectation that DPS would re-pay that when funding was confirmed.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- The allotment will not fully cover salary and benefits at present staffing levels. (In the past, position vacancies have meant that there was adequate funding present).
- Guidance from the state indicated (for the first time) that the intent was to have six 10-month nurses and one 12-month.

Next Steps/Mitigation Strategies:

- Reduce two of the three 12-month positions to 10 months.
- Request BOCC commitment to subsidize staffing plan going forward if state allotment remains flat

Division/Program: Community Health Division/Home Health Program

Brief program description/statement of goals:

The Home Health/Adult Health Program is charged with the primary responsibility of providing in-home care and skilled services to medically homebound patients who reside in Durham County and who have a plan of care signed by a physician. To a much lesser degree, the program is also charged with providing assessments for needed services for adults in Durham County.

Goal of the program is:

- To promote adults' personal and family health, with a focus on adult preventive health services.

Issues/Barriers/Challenges/Opportunities:

- Program allows patients the opportunity to remain in their homes, avoiding hospitalization or placement in Skilled Nursing Facility.

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- Program has experienced a reduction in the provision of Medicare home care services, but continues to provide services to a limited number of Medicare and Medicaid clientele.
- Anticipated changes in Medicare funding will have a further, probably negative impact on reimbursement for services provided to the patients.
- Program is not able to provide a full range of services due to staffing. (Staff absences put a serious strain on the capacity of the staff to provide coverage.)
- Requests for services have increased, but the program does not have the capacity to take new patients.

Next Steps/Mitigation Strategies:

- Continue to refuse new referrals to allow caseload that is manageable by current staff
- Investigate alternative ways to ensure that Home Health services can be provided in the community.
- Continue the strong relationships that have been established with patients and families and physicians.
- Continue the strong teamwork among staff to develop and carry out high quality treatment plans for patients

Division/Program: Community Health / Maternity Care Coordination and Child Service Coordination

Brief program description/statement of goals:

Goal of Maternal Care Coordination (MCC or Baby Love) and Maternity Outreach Worker (MOW) services:

- To assist Medicaid eligible pregnant women in accessing resources and other services that will lead to good pregnancy outcomes. MCC and MOW services are also provided to some patients who are not eligible for Medicaid. These are primarily Spanish-speaking patients.

Goal of Child Service Coordination (CSC):

- To provide nursing and social work services within a case management framework to children from birth to age 5 who are at high risk or have diagnosed health or developmental problems.

Issues/Barriers/Challenges/Opportunities:

- Changes in Case Management services and funding:
 - Federal and State budget crises have resulted in Medicaid cuts and an attempt to save money by reorganizing and redefining case management services in the state.
 - A Medicaid Case Management Service Committee has been meeting for several months to create a new model for these services to increase efficiency and decrease duplication.
 - In the short-run, per unit reimbursement for MCC, MOW, and CSC has been reduced. Initially it was announced that the cuts would be as high as 40%, but more recently that was changed to 19%-20%.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Program can continue this year as in previous years

Next Steps/Mitigation Strategies:

- Request BOCC commitment to subsidize staffing plan going forward if state allotment remains flat

Division/Program: Environmental Health/General Inspections
Brief program description/statement of goals:

The goal of General Inspections is:

- To prevent and control the spread of communicable diseases by:
 - Providing mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other institutions.
 - Conducting compliance and consultative activities that promote the improvement of public health and environmental quality related to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. The prevention and control of communicable diseases are supported by these efforts.

Issues/Barriers/Challenges/Opportunities:

- Staff collaborated with the Sherriff's Office, Fire Marshall/Emergency Management, City Police, concession vendors and General Services to address public safety issues at Durham County Memorial Stadium. (General Services facilitated the meetings.)
- Meetings addressed the CIAA Football Championship on November 7, but the details will be used to develop a template for a Stadium Public Safety Plan for future events.
- An Incident Command Structure (ICS) will be developed.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Process will result in increased efficiencies in stadium event management and should result in better communication of food service permitting requirements to event food vendors.

Next Steps/Mitigation Strategies:

- Staff will continue to work with partners on this process as needed.

Ms. Sue McLaurin made a motion to adjourn the meeting. Ms. Sandra Peele seconded the motion and the motion was approved.

William H. Burch, R.Ph., Chairman

Gayle B. Harris, MPH, Health Director